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## **Application Number** MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/08) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** Indep Depend Indep | Depend Indep Depend Depend Indep Depend Indep Depend .73 - 65 **,0**8 50 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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## Application Number Filing Date MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) \* May be used for additional claims or amendments CLAIMS AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Depend Indep -39 1 50 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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